

APPLICATION FOR UTILIZATION REVIEW AGENT

State Form 45687 (R2/05-2003)

INDIANA DEPARTMENT OF INSURANCE

Check if New Application	<input type="checkbox"/>
Check if Renewal	<input type="checkbox"/>

For Dept. use only:

Date Fee processed _____

Date Registration processed _____

INSTRUCTIONS:

- Utilization review agents are required to provide documentation that they meet each of the statutory and regulatory requirements necessary to be licensed as a Utilization Review Agent. If there has been no change in the documentation submitted for your last renewal application, submit this completed application and the renewal fee. If there has been ANY change to the documentation submitted with your last renewal application or new application filed since July 1st, submit the revised documentation with this completed application, the completed application checklist and renewal fee.
- Please notify the Department of Insurance of any material change of any information set forth in this application within thirty (30) days of the change. A change in ownership requires a new application, application checklist, application fee and supporting documentation which should be submitted with the notice of material change.
- Please TYPE responses to the questions below.

Incorporated name of Utilization Review Firm		D/B/A name
FIN/EIN Number		
Address (if P.O. box, please include street address)		
City	State	Zip Code – Nine Digits
Telephone Number	Toll-free Number (toll-free number required)	Fax Number
Name of contact person		Telephone number of contact person
E-mail for contact person		Company Website

Respond to these questions by checking the correct response. All answers marked “No” must have explanation attached on separate page.

- A. Do you have a working telephone call recording system capable of accepting or recording incoming telephone calls or providing instruction during hours other than normal business hours? ☐ Yes ☐ No
- B. Are all messages left on you call recording system responded to within two (2) business days after receiving the call? ☐ Yes ☐ No
- C. Are all determinations made within two (2) business days of receiving the request and the information needed to complete the review? ☐ Yes ☐ No
- D. Does your notification of denial to certify an admission, service or procedure include the principal reason for that determination? ☐ Yes ☐ No
- E. Does your notification or denial to certify an admission, service or procedure include a copy of the procedures to initiate an appeal of the determination? ☐ Yes ☐ No
- F. Utilization review agents are required to protect the confidentiality of medical records of enrollees or covered individuals. Does your organization have written procedures that ensure medical records are kept confidential in accordance with federal and state law? ☐ Yes ☐ No
- G. Do you allow an enrollee or the representative of an enrollee forty-eight (48) hours after an emergency admission, service or procedure to notify your organization of the admission and request certification for continuing treatment for the condition involved in the admission, service or procedure? ☐ Yes ☐ No
- H. Indiana law requires that a utilization review agent must "ensure that every utilization review determination as to the necessity or appropriateness of an admission, a service or a procedure is reviewed by a physician or determined in accordance with standards or guidelines approved by a physician." Provide a separate signed statement by a physician licensed in the United States, employed or under contract to your utilization review firm, verifying that determinations made as to necessity or appropriateness of admission, service, or procedure are reviewed by a physician licensed in the United States or determined in accordance with standards/guidelines approved by a physician licensed in the United States.

Indiana law requires that a utilization review agent must provide, upon request, a written description of the appeals procedure to a covered individual or enrollee or to that person's provider of record.

- A. on appeal, the determination not to certify an admission, service or a procedure as necessary or appropriate must be made by a health care provider licensed in the same discipline as the provider of record;
- B. the determination of the appeal of a utilization review determination not to certify an admission, service or procedure must be completed within thirty (30) days after the appeal is filed and all information necessary to complete the appeal is received; and a utilization review agent shall provide an expedited appeals process for emergency or life threatening situations. The determination of an expedited appeal under the process required
- C. by this subsection shall be made by a physician and completed within forty-eight (48) hours after the appeal is initiated and all information necessary to complete the appeal is received by the utilization review agent.

Does the appeals procedure of your firm meet the above standards? ☐ Yes ☐ No

I certify that ☐ there have been no changes to any application information and documentation submitted during the last year; or

I certify that ☐ there have been changes to the previously submitted application information and documentation and have attached the revised documentation.

I certify that the above statements are true.

Signature of applicant	Date	Printed Name of Signature	Title
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